



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 25, 2019

Ms. Erin Barry-Fenton, Manager
Loretto Home
59 Meadow Street
Rutland, VT 05701-3994

Dear Ms. Barry-Fenton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 4, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LORETTO HOME

59 MEADOW STREET
RUTLAND, VT 05701

(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site visit to the facility for anonymous complaints was conducted by the Division of Licensing and Protection on 3/4/19 and there were regulatory findings.	R100	Please see attached Plan of Correction	
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 of 3 residents in the sample, Resident #1 had an assessment consistent with diagnosis, orders and abilities for medication management within 24 hours and nursing delegation implemented. Findings include: Resident #1 was admitted to the facility on 5/24/18 and there is no evidence in the medical record to indicate that the resident was assessed within 14 days of admission. There is no documentation consistent with diagnosis, orders and abilities for medication management. The resident was admitted from a Residential Care Home, affiliated with the Vermont Catholic Charities organization, that is directly across the street. The Registered Nurse (RN) stated in an	R134		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

130011

If continuation sheet 1 of 7

R134 - R151 POC accepted 3/25/19 BBH/CLP/PMA

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER LORETTO HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 59 MEADOW STREET RUTLAND, VT 05701
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R134	Continued From page 1 interview on 3/4/19 that s/he did not realize that a resident that was admitted from the affiliated facility needed to be assessed because the resident had been assessed at the other home. The RN confirmed at 11:56 AM that an assessment was not done for Resident #1.	R134		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 of 3 residents in the sample, Resident #1, had an assessment completed within 14 days of admission using an assessment instrument provided by the licensing agency. Findings include: Resident #1 was admitted to the facility on 5/24/18 and there is no evidence in the medical record to indicate that the resident had an assessment completed within 14 days of admission. The resident was admitted from a Residential Care Home, affiliated with the Vermont Catholic Charities organization, that is directly across the street. The Registered Nurse stated in an interview on 3/4/19 that s/he did not realize that a new assessment needed to be completed if the resident came from an affiliated	R135		

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R135	Continued From page 2 home and confirmed at 11:56 AM that an assessment was not done for Resident #1.	R135		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 of 3 residents in the sample, Resident #1, had a written plan of care based on abilities and needs as identified by the resident assessment. Findings include: Resident #1 was admitted to the facility on 5/24/18 and there is no evidence in the medical record to indicate that the resident had a written plan of care based on needs. The resident did not have a completed assessment and was utilizing the assessment and care plan that had been developed at the facility that the resident had lived into prior to admission to the facility. The Registered Nurse confirmed in an interview on 3/4/19 at 11:56 AM, that s/he did not develop a written care plan but used the one that came with the resident from the other facility and it did not reflect the needs of the resident.	R145		

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R150	Continued From page 3	R150		
R150 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (7)</p> <p>Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that symptoms or signs of illness were recorded, along with the action taken for 2 of 3 residents, Resident #1 and 2. Findings include:</p> <p>1.) An Emergency Department (ED) discharge follow up note was found in Resident #1's medical record on 3/4/19 and it was dated 1/14/19. In review of the progress notes of the facility, there are no notes to indicate why the resident had been transferred to the ED during record review for Resident #1. The Registered Nurse (RN) stated that s/he did not know why the resident had been transferred to the hospital and in review of the progress notes there are no notes to indicate the resident was sent because of a fall, as indicated on the incident transfer form. Further review of the notes present that Resident #1 was found on the floor shortly at the change of shift on 1/11/19 and there are no follow up notes as to the resident's condition following the fall. The next note written was dated 1/22/19 to indicate that the resident was started on Bactrim for a urinary tract infection, but there are no notes to provide evidence that the resident had any symptoms of an infection and there are no notes that the resident was assessed by the RN. The RN confirmed at 11:50 AM that there are no notes</p>	R150		

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R150	Continued From page 4 and s/he was unaware of the hospital transfer and that there had not been an assessment of the resident's condition. 2.) Review of medical record for Resident #2 has no evidence that documentation was made between 10/23/18 and 11/30/18. The resident has a note dated 10/22/18 stating that s/he was having behaviors and making claims that s/he was more depressed and there was an appointment for the resident to speak with a psych specialist. There is no indication as to when or why the resident was sent to the hospital but there is a note dated 11/30/18 that the resident was returning from the hospital. The RN confirmed at 1:02 PM that there is no documentation of cause or reason surrounding the behaviors or the reason for hospitalization.	R150		
R151 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (8) Ensure that the resident's record documents any changes in a resident's condition; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the resident's record documents any changes in a resident's condition for 3 of 3 residents in the sample, Resident #1, 2 and 3. Findings include: 1.) An Emergency Department (ED) discharge follow up note was found in Resident #1's medical record on 3/4/19 and it was dated 1/14/19. In	R151		

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R151	Continued From page 5 review of the progress notes of the facility, there are no notes to indicate why the resident had been transferred to the ED during record review for Resident #1. The Registered Nurse (RN) stated that s/he did not know why the resident had been transferred to the hospital and in review of the progress notes there are no notes to indicate the resident was sent because of a fall, as indicated on the incident transfer form. Further review of the notes present that Resident #1 was found on the floor shortly at the change of shift on 1/11/19 and there are no follow up notes as to the resident's condition following the fall. The next note written was dated 1/22/19 to indicate that the resident was started on Bactrim for a urinary tract infection, but there are no notes to provide evidence that the resident had any symptoms of an infection and there are no notes that the resident was assessed by the RN. The RN confirmed at 11:50 AM that there are no notes and s/he was unaware of the hospital transfer and that there had not been an assessment of the resident's condition. 2.) Review of medical record for Resident #2 has no evidence that documentation was made between 10/23/18 and 11/30/18. The resident has a note dated 10/22/18 stating that s/he was having behaviors and making claims that s/he was more depressed and there was an appointment for the resident to speak with a psyche specialist. There is no indication as to when or why the resident was sent to the hospital but there is a note dated 11/30/18 that the resident was returning from the hospital. The RN confirmed at 1:02 PM that there is no documentation of cause or reason surrounding the behaviors or the reason for hospitalization. The RN further confirmed that there had not been assessment of the resident.	R151		

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R151	Continued From page 6	R151		
	3.) Resident #3 had reported low grade temps and felt sick and was medicated with Tylenol between 12/16 and 12/18/18. The RN stated that the staff had alerted her that the resident had low grade temperatures and a cough and that the resident was having behaviors on 12/27/18. The RN confirms on 3/4/19 at 1:02 PM that s/he had not assessed the resident and had not made documentation in the chart regarding the resident's condition.			

Plan of Correction Loretto Home Residence for complaint investigation 3/4/19

R134 VI. Resident Care and Home Services

What action will you take to correct the deficiency?

Director of Nursing will re-educate Loretto's RN assessment nurse regarding timeliness of admission assessments, consistent with the physician's diagnoses and orders. Ensure a written plan of care based on abilities and needs identified by resident assessment. Education will be completed by 4/12.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will oversee that education and audits are completed. DON will audit all assessments.

R135 V. Resident Care and Home Services

What action will you take to correct the deficiency?

Director of Nursing will re-educate Loretto's RN assessment nurse regarding timeliness of admission assessments, consistent with the physician's diagnoses and orders. Ensure a written plan of care based on abilities and needs identified by resident assessment. Education will be completed by 4/12.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will oversee that education and audits are completed. DON will audit all assessments.

R145 V. Resident Care and Home Services

What action will you take to correct the deficiency?

Director of Nursing will re-educate Loretto's RN assessment nurse regarding timeliness of admission assessments, consistent with the physician's diagnoses

and orders. Ensure a written plan of care based on abilities and needs identified by resident assessment. Education will be completed by 4/12.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will oversee that education and audits are completed. DON will audit all assessments. Please refer to attached document.

R150 V. Resident Care and Home Services

What action will you take to correct the deficiency?

Director of Nursing will educate nursing staff about documentation. Education will include to document transfers, explanation of transfer, reason for hospitalization, major status changes, and behaviors. DON will conduct weekly audits, to ensure documentation is completed. Education will be completed by 4/12.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will oversee that education is completed and weekly audits are completed by DON.

R151 V. Resident Care and Home Services

What action will you take to correct the deficiency?

Director of Nursing will educate nursing staff about documentation. Education will include to document transfers, explanation of transfer, reason for hospitalization, major status changes, and behaviors. DON will conduct weekly audits, to ensure documentation is completed. Education will be completed by 4/12.

What measure will be put into place or systemic changes you will make to ensure that the deficient practice does not occur?

Administrator will oversee that education is completed and weekly audits are completed by DON. Please refer to attached document.

ADMISSION ASSESSMENT AUDIT

[illegible]

DOCUMENTATION AUDIT

[illegible]